CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE AMENDMENT

MAR 2 1 2013

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Please type or print in ink

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NAME OF FILER Yee	(LAST)	Leland Y
1. Office, Agenc	y, or Court	
Agency Name		
Cellfomla Sta	te Senste	
Division, Board. De	epartment, District, if applicable	Your Position
		Senator
_	iple positions, list below or on en attachment.	
Agency:		
2. Jurisdiction	of Office (Check at least one box)	
⊠ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
		County of
3. Type of State	ement (Check at least one box)	
Dec	period covered is January 1, 2011, through ember 31, 2011.	Leaving Office: Dale Left/(Check one)
	period covered is	ough O The period covered is January 1, 2011, through the date of leaving office.
Assuming Of	ffice: Dale assumed	The period covered Is/ through the date of leaving office.
Candidate: E	Election Year Office sought	I, if different than Part 1:
4. Schedule Su	mmary	
	•	Total number of pages including this cover page:
☐ Schedule A-1	- Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
_	2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B -	Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
	-07-	
	None - No reportable	e interests on any schedule
E Varification		
l certify under pe	enalty of perjury under the laws of the State of C	Califomia tha
. . .	3/13/13	
Date Signed	(month, day, year)	Signatu
		

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

date Recover

Pleese type or print in ink.	2013 MAR - 1 AM 9: 45
NAME OF FILER VEL (LAST) (LAST)	(FIRST) (MIDDLE)
1. Office, Agency, or Court	
Agency Name CAliforni Ctata	
Division, Board, Department, District, if applicable	Your Position
▶ If filing for multiple positions, list below or on an attachment.	
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2012, through December 31, 2012.	Leaving Office: Date Left/
The period covered is/, the December 31, 2012.	rough O The period covered is January 1, 2012, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office,
Candidate: Election year and office so	ought, if different than Part 1:
4. Schedule Summary	
Check applicable schedules or "None."	Total number of pages including this cover page:
Schedule A-1 - Invesiments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - (nves/men/s - schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule allached	Schedu)e E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportat	ole interests on any schedule
5. Verification	
MAILING ADORESS STREET (Business or Agency podress Recommended - Public Document)	STATE ZIPCOOE STATE 95814
OAYTIME TELEPHONE NUMBER (916) 651-4008	E-MAIL AOORESS (OPTIONAL)
I have used all reasonable diligence in preparing this statement. I hat herein and in any attached schedules is true and complete. I acknow	eve reviewed this statement and to the best of my knowledge the information contained owledge this is a public document
certify under penalty of perjury under the laws of the State of	(d)(5)
Date Signed	Signature

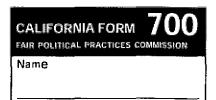
SCHEDULE B Interests in Real Property (Including Rental Income)

FAIR POLITICAL PRACTICES COMMISSION

ASSESSOR'S PARCEL NUMBER OR STREET ADORESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
Berkely CA	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 	\$2,000 \\$10,000 \$10,001 \\$10,000 \$10,001 \\$10,000
\$10,001 - \$100,000	\$10,001 \$100,000 12 12 12 12 12 12 12
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trusi Eesemeni
Leasehold	Leasehold [
Vrs. remaining Other	Vrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
Interest, IIst the name of each tenant that is a single source of Income of \$10,000 or more.	Interest, list the name of each tenant that is e single source of income of \$10,000 or more.
Π., -	None
Theo Than poulos	
	lending institutions made in the lender's regular course of
	without regard to your official status. Personal loans and
loans received not in a lender's regular course of busi	ness must be disclosed as follows:
NAME OF LENOER'	NAME OF LENOER'
AOORESS (Business Address Acceptable)	ADDRESS (Business Address Accepteble)
	200000000000000000000000000000000000000
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENOER
INTEREST RATE TERM IMonths/Years)	INTEREST RATE TERM IMonihs/Ysers)
·	
%	%
HIGHEST BALANCE OURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 DVER \$100,000
Guarantor, if applicable	Guarentor, if applicable
Na	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF SOURCE (NOI ON ACTORYM) Denoch Cars	NAME OF SOURCE (NOI an Acronym) (A Pur Commission
BUSINESS ACTIVITY, IF ANY, OF SOURCE	ADDRESS (Business Address Acceptable) 4901 Folson Blud #172 S/t BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE OESCRIPTION OF GIFT(S)	OATE (mm/dd/yy) VALUE OESCRIPTION OF GIFT(S)
1,10,12, 27.76 unch	3,6,12,32.28 Pice
	\$
NAME OF SOURCE (Not en Acronym) City Mutual AODRESS (Business Address Acceptable)	NAME OF SOURCE (NOI ON ACCONTANT) COCA COCA ADDRESS (Business Address Acceptable). Soo Windy Ridgy Parlicus M
SIZNOTH CAWLAH AVE EXCEN	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFTIS)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1,30,12,8- DRANGE	3,8,12,1.89 COKe+Straw
NAME OF SOURCE (Not an Acronym) CHUTCH Democratic Party ADORESS (Business Address Acceptable)	NAME OF SOURCE (NOI an Acronym) Califai Democrt Part
1401 21st St #200 \$\frac{1}{2}\$\$ACCEPTABLED	ADORESS (Business Address Acceptable) 1401-2(5+5+#200SA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 2,7,12.27.95 COOKIL	OATE (mm/dd/yy) VALUE [19.9] OESCRIPTION OF GIFTISI 2-,7,12 s
Comments:	



NAME OF SOURCE (Not on Acronym) Duputy trint AOORESS (Business Address Acceptable) STRALAM Pd Hughson BUSINESS ACTIVITY, IF ANY, OF SOURCE	NAME OF SOURCE (Not on Acronym) CA Autonotic Vendors ADORESS (Business Address Acceptable) SO S. LACE HVC #538 PASINGLE BUSINESS ACTIVITY, IF ANY, OF SOURCE
OATE IMM/dd/yyl VALUE OESCRIPTION OF GIFT(S)	OATE Imm/dd/yyl VALUE DESCRIPTION OF GIFT(SI SQ 12, 20 SWACK
NAME OF SOURCE, (Not en Acronym) CA CUTUS MUTUAL AOORESS (Business Address Acceptable) TO 2 N. LAWLOL AV EXCLUSIVITY, IF ANY, OF SOURCE	NAME OF SOURCE (Not an Acronym) Cotton Crune Tover AOORESS (Business Address Acceptable) (785 N. Free Art Free W BUSINESS ACTIVITY, IF ANY, OF SOURCE
OATE Imm/dd/yyl VALUE OESCRIPTION OF GIFT(SI	OATE Imm/dd/yyl VALUE OESCRIPTION OF GIFT/SI
NAME OF SOURCE (Not on Acronym) The Bull AOORESS (Business Address Acceptable) The Bull Business Activity IF ANY, OF SOURCE	NAME OF SOURCE (Nat on Acronym) A Been + Deven Distribly AOORESS (Business Address Acceptable) 145 h ST #890 Str
OATE (mm/dd/yyl VALUE OESCRIPTION OF GIFT(SI	OATE (mmVdd/yyl VALUE DESCRIPTION OF GIFT(SI 5,16,12,16.44 Level
Comments:	

CALIFORNIA FORM	700
Name	•

NAME OF SOURCE (Not an Acronym) Lignath Allique ADDRESS (Business Address Acceptable) POB 1234 Hulla CA BUSINESS ACTIVITY, IF ANY, OF SOURCE OATE (mm/ddfyyl VALUE OESCRIPTION OF GIFTISI S.18,12,43-54 Hat-Bull	NAME OF SOURCE (Not on Acronym) (entry National Certain AOORESS (Business Address Acceptable) I YO & Mulady Rd Olivebub BUSINESS ACTIVITY. IF ANY. OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(5) 9,7,62,150 Wing
// \$	// s
NAME OF SOURCE (Not an Accomym) PLY Soul Art Count AOORESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE	NAME OF SOURCE (Not an Acronym) Attembre Contille 2010 ADDRESS (Business Address Acceptable) 1000 0 4 # 200 SAT BUSINESS ACTIVITY, IF ANY, OF SOURCE
OATE (mm/dd/yyi VALUE DESCRIPTION OF GIFT(SI 5,24, 12,109,30 Nail Polifle -/-/- s	OATE IMM/dd/yyl VALUE OESCRIPTION OF GIFTISI 11, 8, 12, 96.55 Full -/_/
NAME OF SOURCE (Not on Acronym) Graph True Fruit Letting 1 ADORESS (Business Address Acceptable) 978 W- Alluvid #107 Frence	NAME OF SOURCE (Not en Acronym) AOORESS (Business Address Accepteble)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yyl VALUE OESCRIPTION OF GIFT(SI FAUTS	OATE (mm/dd/yyl VALUE OESCRIPTION OF GIFTIS) /
Comments:	

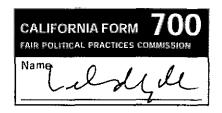
SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization
 or the "Speech" box if you made a speech or participated in a panel. These payments are not
 subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SQUIRCE (Not en Acronym)	► NAME OF SOURCE (Not an Acronym)
ADORESS (Business Address Acceptable)	theng cup
910-17th StNW#200 WALANI	ADDRESS (Business Address Acceptable)
CITY ANO STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
OATE(S): 2,11,12 / AMT: \$ 35.54	OATE(SI: 5 / 17, 12 AMT: \$ 19.20
TYPE OF PAYMENT: (must check one) 📈 GIft 🔲 Income	TYPE OF PAYMENT: (must check one) Glft Income
Made a Speech/Participeted in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description Tom of Lewher Irdu
<u>CAB</u>	Dune-
► NAME OF SOURCE (No(an Acronym)	NAME OF SOURCE (Not an Acronym)
	Sienna Pacific
ADDRESS (Business Address Acceptable)	POB 496028 Redding
POB 36647 CR Dullers TX	CITY AND STATE
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE SDI (c)(3)
DATE(S): 2 / (1 12 AMT: \$ 400	DATE(S): 5 (8, 12 / AMT: \$ 35600
TYPE OF PAYMENT: (must check one) Glft Income	TYPE OF PAYMENT: (musi check one)
Made e Speech/Participaled in a Panel	Made a Speech/Participaled in e Panel
Other - Provide Oescripilon	Other - Provide Description Tom & Lumber Codute
Aura	Herter
	` \
Comments:	

SCHEDULE E. Income – Gifts Travel Payments, Advances, and Reimbursements



- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not on Acronym)
Klannty Alline	Koren Collecte Gent
AOORESS (Business Address Acceptable) POBILITY WILLIAM	ADORESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY. OF SOURCE SOI (CII3I	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (cli3)
OATEISI: 5 (8,12 , , , , , , , , , , , , , , , ,) AMT: \$ 129.98	DATE(SI: 7,8, 12, 15, 12, 15, 12, 15, 12, 16, 16)
TYPE OF PAYMENT: (musi check one) GIII Income	TYPE OF PAYMENT: (musi check one) Gifi Income
Made a Speech/Participated in a Panel	Made a Speech/Participated In a Panel
Olher - Provide Oescription	Other - Provide Oescription
Tom of Links Tooks tos Wells	- Vintwith Governt offer Flisher Hotel Mens
<u> Messes</u>	Tunt Hotel Ments
NAME OF SOURCE (Not on Acronym)	▶ NAME OF SOURCE (Nat en Acronym)
ADDRESS (Business Address Acceptable) POB 1234 Yorka	ADORESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE SO	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (CI(3)
OATE(S): 5,18,12, AMT: \$,147.70	OATE(SI:/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (mus) check one)
Made a Speech/Participaled in a Panel	Made a Speech/Participated in a Panel
Other - Provide Oescription	Olher - Provide Oescription
Tom of Lenhor Industris	
Hotal	11
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION **AMENDMENT**

ASSESSOR'S PARCEL NUMBER OR STREET AODRESS	► ASSESSOR'S PARCEL NUMBER OR STREET AOORESS
1849 Shattuck Avenue	
CITY	CITY
Berkeley, CA	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST OATE: \$2,000 - \$10,000
\$10,001	\$100,001 - \$1,000,000 ACQUIRED OISPOSEO
Over \$1,000,000	Over_\$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Oeed of Trust Easement	Ownership/Deed of Trusi Eesemeni
Leesehold	Legsehold
Yrs, remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	S 10,001 - \$ 100,000 OVER \$ 100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greeter interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own e 10% or greater interest, list the name of each tenent that is a single source of income of \$10,000 or more.
Theo Thanpoulos	1
* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms evailable to members of the public without regard to your official status. Personal loens and loens received not in a lender's regular course of	Comments:
business must be disclosed as follows:	Filer's Verification
NAME OF LENDER*	Lilei a Aetilicanoli
	Print Name
ADORESS (Business Address Accepteble)	Office, Agency
·	or Court
BUSINESS ACTIVITY, IF ANY, OF LENOER	Statement Type
INTEREST RATE TERM [Months/Years]	I have used all reasonable diligence in preparing this stalement I have
% None	reviewed this statement and to the best of my knowledge the information contained herein and in eny attached schedules is true end complete.
HIGHEST BALANCE OURING REPORTING PERIOO	I certify under penalty of perjury under the laws of the Stele of
\$500 - \$1,000	Celifornia that the foregoing is true and correct.
S 10,001 - \$100,000 OVER \$100,000	Oate Signed
— Curatalar il quellimble	Oale Signed
Guarantos, if applicable	Filer's Signature



AMENDMENT

► NAME OF SOURCE	► NAME OF SOURCE
Jelly Belly Candy Company	
ADDRESS (Business Address Accepteble)	ADDRESS (Business Address Acceptable)
One Jelly Belly Lane, Fairfield, CA 94533	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Candy Manufacturer	
OATE Imm/dd/yyl VALUE OESCRIPTION OF GIFTIS)	OATE Imm/dd/yyl VALUE DESCRIPTION OF GIFTISI
	Sinz initiasy), Vicin Scientific
4-, 25 , 12 - 50.00 Assorted Candy	<u> </u>
The state of the s	\
/ \$	// \$
NAME OF SOURCE	NAME OF SOURCE
Callfornia Cotton Ginners & Growers Association	
ADORESS (Business Address Acceptable)	ADORESS (Business Address Acceptable)
1785 N. Flne Avenue, Fresno, CA 93727	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
OATE Imm/dd/yyl VALUE OESCRIPTION OF GIFT(S)	OATE (mm/dd/yyl VALUE OESCRIPTION OF GIFT/SI
5 15 10 91 15 Dinner	
5 , 15 , 12 s 81.15 Dinner	\$
/ \$	
\$	
► NAME OF SOURCE	Filer's Verification
Personal Care Products Council	
AOORESS (Business Address Acceptebte)	Print Neme
1101 17th St., NW, Sulte 300, Washington, D.C. 2003	Office, Agency
BUSINESS ACTIVITY IF ANY, OF SOURCE	or Court
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Stalement Type 2011/2012 Annual Assuming Leaving
OATE mm/dd/yy VALUE OESCRIPTION OF GIFTIS)	11
5 , 24 , 12 109.30 bag of beauty products	I heve used ell reesoneble diligence in prepering this statement. I have
	reviewed this statement and to the best of my knowledga the information contained herein and in any altached schedules is true and complete.
	t certify under penalty of perjury under the laws of the State of
	Celifornia that the foregoing is true and correct.
	Oale Signed
	Inners, say, year,
	Filer's Signature

Comments: _____

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- · You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE	► NAME OF SOURCE
Southwest Airlines	Klamath Alliance for Resources & Environment
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 36647-1CR	P.O. Box 1234
CITY AND STATE	CITY AND STATE
Dallas, Texas	Yreka, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE X 501 (c)(3)
Airline	Management & utilization of forests
DATE(S): 2 / 11 / 12 - / AMT: \$ 400.00	DATE(S): 5 / 18 / 12 / AMT: \$ 147.70
TYPE OF PAYMENT: (must check one) 🗵 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) 🗵 Gift 🗌 income
Mede e Speech/Perticipeted in e Penel	Made e Speech/Participated In e Penel
Other - Provide Description	X Other - Provide Description
Alrfare, for National Campalgn to Stop Violence Panel	Hetel- ♣ Tour of Lumber Industries
	Hotal
► NAME OF SOURCE	Filer's Verification
Hearst Corporation	
ADDRESS (Business Address Accepteble)	Print Name
5 Third Street, #200	Office, Agency
CITY AND STATE	
San Francisco, CA	Statament Type 2011/2012 Annual Assuming Leaving
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	Annuei Candidate
Bullding Managment & Realty	I have used all reesonable diligence in preparing this statement. I have
DATE(S): 5 / 17 / 12 / AMT: \$ 19.20	reviewed this statement and to the best of my knowledge the information conteined herein and in eny attached schedules is true and complete.
(if gift)	I certify under penelty of perjury under the lews of the Steta of
TYPE OF PAYMENT: (must check one) X Gift Income	California that the foregoing is true and correct.
Made a Speech/Participated in a Penel	Dete Signed
Other - Provide Description	
Tour of Woods & Dinner	Flier's Signeture
	I [
Town of Cumber industries	
Dine	
Comments:	